Inpatient Evaluation

By Olivia Melgares

1. Enter PCC to check for orders

2. Write on top of face sheet OT, PT, SLP

3. Start new track

4. Choose type of therapy: OT

5. Enter certification dates: Date of eval- custom date (EX. 8 weeks- 56x)

    a. Med A/HMO: up to 100 days default

    b. Med B: up to 90 days default

6. Add medical diagnosis + date of onset

7. Add treatment diagnosis: + date of onset

8. Complete "Reason for Referral"

    SNF Admit from Hospital- Patient is an (**age**) year old (**male/female**) that was admitted to (**hospital name) on (date)** experiencing symptoms of (type of symptoms) and diagnosed with (diagnosis). They underwent (procedures, type, **date of surgery** etc). Patient demonstrates a decrease in the following functional areas: (insert general descriptions- i.e. functional mobility, balance, activity tolerance, ADL's, safety, cognitive decline) but shows good/excellent potential to improve with Skilled OT services to meet all goals for a safe DC to their PLOF.

    Facility Resident- Patient is a (age) year old (male/female) that is a resident of Good Samaritan Loveland Village and was referred to therapy due to recent (description of event) and now requires skilled OT services due to decline in (functional mobility, balance, activity tolerance, ADL's, safety) but shows good/ excellent potential to improved with skilled OT services to meet all goals for a safe DC back to their PLOF.

9. Complete all RED AREAS

10. Choose to fill out appropriate optional sections: **code status**

11. Notes for RED AREAS:

    a. "Reason for Skilled Services": Use build features to write 2-3 sentences as needed. What will happen if patient does not receive skilled services.

b. **Clinical Impressions**:

"Patient expected to have short stay secondary to current levels of assist, motivation, and family support. Possibility patient can discharge home with family assist priot to meeting all goals barring complications related to medical condition. Recommend retesting of (test) prior to d/c. Further training and education indicated for patient and family for safe discharge."

"Patient is very pleasant and motivated to return home but hindered by pain and (risk factors/assist level). Patient demonstrates decreased (activity tolerance, functional mobility, balance, safety, cognition) and increased need for assist with ADL's and functional mobility. Documented (test) scores indicate patient at risk for decreased ability tore turn to PLOF, participation in functional tasks, falls, increased dependency upon caregivers, further decline in function."

c. PLOF: Include

   i. **Living setting + architectural barriers: steps, bathroom**

   ii. **Family/CG support and what tasks they perform**

   iii. **Assistive devices/DME**

   iv. **Independence/assist level ADL's, IADL's, functional mobility**

12. Create pre-build goals in 2:1 ratio

   a. **1 LTG should be related to Core measures**

13. Double check certification date matches LTG date

14. **Customize frequency/duration** *See Step 3

15. Add Tx approaches: Double check for precautions

16. Click Validate to ensure complete

17. Click completed box

18. Complete TEN note:

   a. Interpretation of assessment results

   b. Include why services are needed

19. Double check Eval checklist

20. **For pure Med A complete GG section: Copy from CARE

Progress Note

1. Complete TEN first

2. Click create progress note in case manager

3. Enter progress note base on date of note through date of next not

4. Click Add

5. Update STG goals + **write in comments current progress**

    a. **Modify goals if little to no progress is being made**

6. Review past TEN notes to determine average performance

7. Change frequency, duration, and treatment codes as needed

8. Record objective tests/measures

9. Assessment: enter any new precautions or **change in DC plans**

10. Assessment Summary:

    a. Skilled Interventions: Choose CPT codes that have been done, use build feature to write 2-3 sentences. 1 sentence per CPT code.

    b. PT + CG Training: 2-3 sentences about training given

11. Patient progress + Response to TX: **1-2 sentences personalized to patient**

12. Reason for Skilled Services:

    a. **Include interpretation of objective tests and relate to impairments/ progress**

    b. **Compare current test scores to previous score**

    c. Justify need to continue services

13. Justification For Skilled Services:

    a. Make sure to specifically mention impairments/progress related to written goals

    b. **Demonstrate barriers to DC/goals (ADL/IADL's)**

14. Reason for Continuing Treatment

    a. **What would happen if patient does not receive skilled services**

15. Validate + complete

16. **Complete GG Codes in Functional Limitation Reporting for pure Med A